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FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) NEA Fund for Children and Public Education	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00003251 </div>
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Check if ☒ 24-hour report ☐ 48-hour report ➤ ☒ New report ☐ Amends report filed on MM / DD / YYYY

Full Name of Payee Mount Vernon Printing		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>04 / 14 / 2016</div> </div>	
Mailing Address 13201 Mid Atlantic Blvd. Suite 100		Amount <div> <div>5000.00</div> </div>	
City Laurel	State MD	Zip Code 20908	Transaction ID : B598958 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>04 / 14 / 2016</div> </div>
Purpose of Expenditure Billboard production and leasing		Category/ Type 004	
Name of Federal Candidate Jamie Raskin		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate
		District: 08 State: MD	
Calendar Year-To-Date Per Election for Office Sought		<div> <div>5000.00</div> </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount \$ _____
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	5000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	5000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael McPherson

[Electronically Filed]

Date _____

Signature

MM / DD / YYYY